

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003272

FILED  
Oct 30, 2008  
Secretary of State

Entity Name: CASA NORMA TOWNHOMES ASSOCIATION, INC.

## Current Principal Place of Business:

501 S MELVILLE AVE.  
#3  
TAMPA, FL 33606

## New Principal Place of Business:

501 S MELVILLE AVE.  
#1  
TAMPA, FL 33606

## Current Mailing Address:

501 S MELVILLE AVE.  
#3  
TAMPA, FL 33606

## New Mailing Address:

929 MICHIGAN AVE  
#8  
MIAMI BEACH, FL 33139

FEI Number: 05-0566238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GONZALEZ, CHRISTINA  
501 S MELVILLE AVE.  
#3  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

GONZALEZ, CHRISTINA  
501 S MELVILLE AVE.  
#1  
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTINA GONZALEZ

10/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: UNGERER, SHANNON  
Address: 501 S MELVILLE AVE., #2  
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete  
Name: PARK, EUNMI  
Address: 501 S MELVILLE AVE., #1  
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete  
Name: GRESSER, DANNY  
Address: 501 S MELVILLE AVE., #4  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: GONZALEZ, CHRISTINA  
Address: 501 S MELVILLE AVE., #3  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA GONZALEZ

MS

10/30/2008

Electronic Signature of Signing Officer or Director

Date